

EXHIBIT A-5-6

DECC Delaware Correctional Center  
Smyrna Landing Road  
SMYRNA DE, 19977  
Phone No. 302-653-9261

**GRIEVANCE INFORMATION - BGO****OFFENDER GRIEVANCE INFORMATION**

Offender Name : MILLER, JULIAN A	SBI# : 00393626	Institution : DCC
Grievance # : 6816	Grievance Date : 09/06/2004	Category : Individual
Status : Resolved	Resolution Status : Level 3	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 09/06/2004	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg D-EAST, Tier F, Cell 22, Bottom	

**REFERRED TO**

Due Date : Referred to: Name:

Type of Information Requested :

**DECISION**

Date Received : 10/26/2004

Decision Date : 11/16/2004

Vote : Uphold

Comments :

I recommend that FCM immediately authorize an outside consult with a foot specialist to address the Grievant's condition, which their treatment protocol has been unable to solve.



Smyrna Landing Road

SMYRNA DE, 19977

Phone No. 302-653-9261

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## GRIEVANCE INFORMATION - Bureau Chief

## OFFENDER GRIEVANCE INFORMATION

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Grievance Type: Health Issue (Medical)	Incident Date : 09/06/2004	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg D-EAST, Tier F, Cell 22, Bottom	

## DECISION

Decision Date: 01/03/2005

Vote : Uphold

Comments :

I concur with the recommendation of the BGO.

EXHIBIT A-5-7

DEPARTMENT OF CORRECTION  
Bureau of Prisons  
245 McKee Road  
Dover, Delaware 19904

January 3, 2005

Inmate MILLER JULIAN A  
SBI # 00393626  
DCC Delaware Correctional Center  
SMYRNA DE, 19977

Dear JULIAN MILLER:

We have reviewed your Grievance Case # 6816 dated 09/06/2004.

Based upon the documentation presented for our review, we uphold your appeal request.

Accordingly, there is no further issue to mediate nor Outside Review necessary as provided by BOP Procedure 4.4 entitled "Inmate Grievance Procedure", Level III appeals.

Sincerely,

Paul W. Howard  
Bureau Chief

EXHIBIT 2 B

FORM #585

MEDICAL GRIEVANCE

FACILITY: DELAWARE CORRECTIONAL CENTER  
 INMATE'S NAME: JULIAN MILLER  
 HOUSING UNIT: D-EAST Flier 22 cell

DATE SUBMITTED: 3-13-05  
 SBI#: 00393626  
 CASE #: \_\_\_\_\_

SECTION #1

DATE &amp; TIME OF MEDICAL INCIDENT: \_\_\_\_\_

TYPE OF MEDICAL PROBLEM:

I AM EXPERIENCING VERY SHARP PAINS IN MY FEET AND LOWER LEGS. THESE PAINS ARE COMING OFTEN AND CONTINUING FOR A LONGER TIME THAN LAST MONTH. MY FEET HAVE ALSO BEEN SWELLING MASSIVELY AND THE CIRCULATION CUTS OFF FROM TIME TO TIME. I HAVE REQUESTED ON SEVERAL OCCASIONS TO SEE A FOOT SPECIALIST OR TO HAVE AN OUTSIDE CONSULTANT. IT HAS BEEN 14 MONTHS AND I HAVE NOT BEEN EXAMINED YET FOR MY FEET DESPITE MY CONSTANT COMPLAINTS OF PAIN AND SWELLING.

GRIEVANT'S SIGNATURE: Julian MillerDATE: 3-13-05

ACTION REQUESTED BY GRIEVANT:

To be seen by a foot specialist or outside consultant to see the extent of damage done and to be fitted for orthopedic shoes and sneakers because the swelling make my feet larger by 2 sizes.

DATE RECEIVED BY MEDICAL UNIT: \_\_\_\_\_

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.





## AMERICAN BOARD OF MEDICAL SPECIALTIES®

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www.abms.org

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March 31, 2005

Julian Miller  
S.R.I. #393626-Unit D-East F-22  
Delaware Correctional Center  
1181 Paddock Road  
Smyrna, DE 19977

Dear Mr. Miller:

Your letter was received at the American Board of Medical Specialties (ABMS) on March 28, 2005. The ABMS is the umbrella organization for 24 medical specialty boards. The main focus of ABMS and its 24 Member Boards is the process of certification of physician specialists in the United States.

The ABMS is not a referral service and does not give recommendations to patients. The ABMS does not process complaints or provide information regarding disciplinary actions that have been filed by the state. The ABMS can verify if a physician is certified by one of its 24 Member Boards.

The *Official ABMS Directory of Board Certified Medical Specialists*, which is available in many medical and public libraries, would be a useful resource to obtain more information regarding certification status of individual physicians. Also, the ABMS has a public education program which provides verbal verification of board certification at 1-800-CERT (776-2378).

In response to your questions:

- 1) There is no record of a Dr. Sitta Gombah-Alie in the ABMS database.
- 2) Requirements of a Medical Director are determined by each health care organization. A health care organization can require certification but it is not the law.

It is hoped that this information is helpful to you and satisfactorily responds to your request.

Sincerely,

Sheldon D. Horowitz, M.D.  
Associate Vice President

FORM #585

MEDICAL GRIEVANCE

FACILITY: DCC SMYRNA  
 INMATE'S NAME: JULIAN MILLER  
 HOUSING UNIT: D-EAST F-22

DATE SUBMITTED: 4-12-05  
 SBI#: 393626  
 CASE #:

SECTION #1

DATE &amp; TIME OF MEDICAL INCIDENT: \_\_\_\_\_

TYPE OF MEDICAL PROBLEM:

I HAVE BEEN HAVING PAINS IN MY FEET AND ANKLES THAT ARE VERY SHARP AND REALLY BOthers ME WHEN I lay down. WHEN I'm UP (SETTING) MY FEET SWELLS VERY big. IT FEELS AS IF I HAVE SOME fluid IN MY FEET AND LEGS. I HAVE EXHAUSTED EVERY RESOURCE THAT I POSSIBLY CAN AND NOTHING HAS HAPPENED. I HAVE BEEN DENIED MEDICAL CARE FOR 16 MONTHS NOW IN REGARDS TO THIS PROBLEM.

GRIEVANT'S SIGNATURE: JULIAN MILLER DATE: 4-12-05

ACTION REQUESTED BY GRIEVANT: TO BE EXAMINED by AN OUTSIDE SPECIALIST SINCE NO ONE HERE SPECIALIZES IN FOOT CARE, AND TO BE GIVEN SNEAKERS AND/OR ORTHOPEDIC SHOES AS PROMISED LAST August.

DATE RECEIVED BY MEDICAL UNIT: \_\_\_\_\_

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

FORM #585

MEDICAL GRIEVANCE

FACILITY: DCC SMYRNA  
INMATE'S NAME: JULIAN MILLER  
HOUSING UNIT: D-EAST F-22

DATE SUBMITTED: 5-22-05  
SBI#: 393626  
CASE #: \_\_\_\_\_

SECTION #1

DATE & TIME OF MEDICAL INCIDENT: 1-27-04

## TYPE OF MEDICAL PROBLEM:

IN JAN 2005 THE BUREAU CHIEF (PAUL W. HOWARD) MADE A DECISION TO UPHOLD MY GRIEVANCE REQUEST TO GET A OUTSIDE CONSULT WITH A FOOT SPECIALIST. IN NOVEMBER 2004 THE BGO BOARD (LEVEL 3) MADE THE SAME DECISION. IT IS TODAY 5-20-05 AND I HAVE YET TO BE EXAMINED AT ALL BY ANYONE SINCE 1-27-04 (16 MONTHS) DESPITE THE CONSTANT COMPLAINTS OF PAIN, SWELLING AND LOSS OF FEELING. I SUBMITTED A GRIEVANCE IN MARCH 05; APRIL 05 THAT HAVEN'T BEEN ADDRESSED YET.

GRIEVANT'S SIGNATURE: Julian Miller DATE: 5-22-05

ACTION REQUESTED BY GRIEVANT: I would like to see a foot specialist to determine how much damage has been done and I would like the sneakers and/or orthopedic shoes that I've been waiting on since Aug. 2004

DATE RECEIVED BY MEDICAL UNIT: \_\_\_\_\_

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.



DCC Delaware Correctional Center

Date: 06/08/2005

Smyrna Landing Road  
SMYRNA DE, 19977  
Phone No. 302-653-9261

Inmate Complaint

**GRIEVANCE REPORT****OFFENDER GRIEVANCE INFORMATION**

<b>Offender Name :</b> MILLER, JULIAN A	<b>SBI# :</b> 00393626	<b>Institution :</b> DCC
<b>Grievance # :</b> 14358	<b>Grievance Date :</b> 05/22/2005	<b>Category :</b> Individual
<b>Status :</b> Unresolved	<b>Resolution Status :</b>	<b>Resol. Date :</b>
<b>Grievance Type:</b> Health Issue (Medical)	<b>Incident Date :</b> 01/27/2005	<b>Incident Time :</b>
<b>IGC :</b> Merson, Lise M	<b>Housing Location :</b> Bldg D-EAST, Tier F, Cell 22, Bottom	

**OFFENDER GRIEVANCE DETAILS**

**Description of Complaint:** In January 2005, the bureau chief (Paul Howard) made a decision to uphold my grievance request to get an outside consult with a foot specialist. In November 2004 the BGO board (level 3 grievance) made the same decision. This is May 22, 2005 and I have yet to be examined by anyone at all since 1-27-04 (16 months) despite constant complaints of pain, swelling and loss of feeling. I submitted a grievance March 5th and April 2005 that haven't been addressed as of yet.

**Remedy Requested :** I would like to see a foot specialist to determine how much damage has been done and I would like the sneakers and or orthopedic shoes that I've been waiting on since Aug 2004

**INDIVIDUALS INVOLVED**

Type	SBI #	Name
------	-------	------

**ADDITIONAL GRIEVANCE INFORMATION**

<b>Medical Grievance :</b> YES	<b>Date Received by Medical Unit :</b> 06/08/2005
<b>Investigation Sent :</b> 06/08/2005	<b>Investigation Sent To :</b> Wolken, Gina
<b>Grievance Amount :</b>	



DCC Delaware Correctional Center  
Smyrna Landing Road  
SMYRNA DE, 19977  
Phone No. 302-653-9261

Date: 06/08/2005

## INFORMAL RESOLUTION

### OFFENDER GRIEVANCE INFORMATION

Offender Name : MILLER, JULIAN A	SBI# : 00393626	Institution : DCC
Grievance # : 14358	Grievance Date : 05/22/2005	Category : Individual
Status : Unresolved	Resolution Status:	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 01/27/2005	Incident Time :
IGC : Merson, Lise M	Housing Location :Bldg D-EAST, Tier F, Cell 22, Bottom	

### INFORMAL RESOLUTION

Investigator Name : Wolken, Gina Date of Report 06/08/2005

Investigation Report :

Reason for Referring:

Offender's Signature: \_\_\_\_\_

Date : \_\_\_\_\_

Witness (Officer) : \_\_\_\_\_

FORM #585

## MEDICAL GRIEVANCE

FACILITY: OCC SMYRNA  
 INMATE'S NAME: JULIAN MILLER  
 HOUSING UNIT: D-East ~~F-23~~

DATE SUBMITTED: 8-23-05  
 SBI#: 393626  
 CASE #: 16933

## SECTION #1

DATE & TIME OF MEDICAL INCIDENT: JAN 2004

Inmate Copy

## TYPE OF MEDICAL PROBLEM:

For 19 months now I've constantly requested to see a foot specialist (podiatrist) and I have yet to be seen. I cannot exercise, sleep or walk properly, because of this pain and swelling that I've had. I'm having very sharp pains at night when I lay down that sometimes wake me up all during the night. My feeling in my toes come and go also. I cannot elevate my feet or set down for any length of time without getting sharp pains.

GRIEVANT'S SIGNATURE: Julian Miller DATE: 8-23-05

## ACTION REQUESTED BY GRIEVANT:

I would like to be examined by a podiatrist to see what course of action need to be taken to relieve myself of this pain and suffering.

DATE RECEIVED BY MEDICAL UNIT: \_\_\_\_\_

RECEIVED

SEP 06 2005

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

**Instructions for Submitting a Regular Grievance**

Inmates are required, per DOC Procedure 4.4 [Inmate Grievance Procedure] to attempt to resolve complaints prior to filing a regular grievance. Grievances are to be submitted within seven (7) days from the date of the occurrence or incident or within seven days after the inmate became aware of the incident. The grievance is to be placed in the grievance box located in each housing unit.

Only one issue per grievance form will be addressed. If the grievance is submitted on a weekend or a holiday, it will be received during the next working day.

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**Return of Unprocessed Grievance**

Intake Action: This Grievance Form is being returned to the inmate under the provisions outlined in DOV Procedure 4.4 "Inmate Grievance Procedure" for the following reason(s) :

\_\_\_\_\_ **Vulgar/Abusive or Threatening Language.** The Language that is unacceptable has been highlighted. The grievance may be resubmitted omitting this language.

\_\_\_\_\_ **Non-Grievable.** This issue has been defined as non-grievable in accordance with DOC Policy 4.4. These procedures have their own appeal process that must be followed.

\_\_\_\_\_ **Disciplinary Action**

\_\_\_\_\_ **Parole Decision**

\_\_\_\_\_ **Classification Action**

\_\_\_\_\_ **Request.** Requests are not processed through the grievance procedure. Please correspond with the appropriate Office to secure the information that is requested.

✓ \_\_\_\_\_ **Duplicate Grievance(s).** This issue has been addressed previously in Grievance # 14358.

\_\_\_\_\_ **Original Grievances must be submitted to the Inmate Grievance Chairperson.** Photocopies are not accepted.

\_\_\_\_\_ **Inquiry on behalf of other inmates.** Inmates cannot submit grievances for other inmates.

\_\_\_\_\_ **Expired Filing period.** Grievance exceeds seven (7) days from date of occurrence.

  
Inmate Grievance Chairperson

9-6-05  
Date



**DELAWARE DEPARTMENT OF CORRECTIONS  
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES  
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

JULIAN MILLER

Name (Print)

4-12-61

Date of Birth

D-East

Housing Location

F-16

8-28-05

Date Submitted

393626

SBI Number

Complaint (What type of problem are you having)?

My feet ARE throbbing, swelling, AND I'm getting sharp pains when I lay down AND all through the night. I NEED to see a podiatrist.

Julian Miller

Inmate Signature

8-28-05

Date

The below area is for medical use only. Please do not write any further.

S:

O:

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Pulse: \_\_\_\_\_

Resp: \_\_\_\_\_

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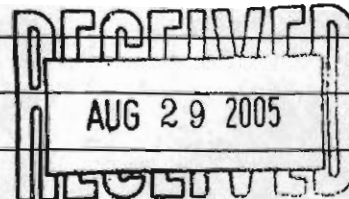
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To see medical

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Provider Signature & Title

Date & Time

BA1011 22

**DELAWARE DEPARTMENT OF CORRECTIONS  
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES  
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Julian Miller D-East P-16  
Name (Print) Housing Location  
4-12-61 2-626 9-10-05  
Date of Birth SBI Number Date Submitted

Complaint (What type of problem are you having)? I HAVE BEEN HAVING  
SHARP PAINS IN MY FEET AND I CANNOT  
WALK, SLEEP, OR EXERCISE FOR PAIN IN  
MY FEET. EVERY SICKCALL SLIP I'VE PUT IN FOR  
THE LAST 3 MONTHS I BEEN CANCELED.

Julian Miller 9-10-05  
Inmate Signature Date

The below area is for medical use only. Please do not write any further.

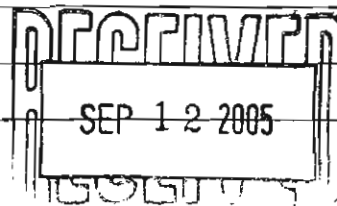
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O: Temp: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ B/P: \_\_\_\_\_ WT: \_\_\_\_\_

A:

P: Referred to a doctor per doctor

E:



Provider Signature & Title

Date & Time

**DELAWARE DEPARTMENT OF CORRECTIONS  
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES  
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Julian Miller

Name (Print)

4-12-61

Date of Birth

37

SBI Number

D-East F-16

Housing Location

7-15-05

Date Submitted

ATTENTION: LEEFINN

Complaint (What type of problem are you having)? I AM HAVING SHARP PAINS IN MY FEET AND THEY HAVE BECOME PERMANENTLY SWOLLEN. THE GRIEVANCE COMMITTEE TOLD ME ABOUT 2 MONTHS AGO THAT THEY WAS GOING TO SCHEDULE ME FOR AN OUTSIDE CONSULTANT. OVER-

Julian Miller

Inmate Signature

7-15-05

Date

The below area is for medical use only. Please do not write any further.

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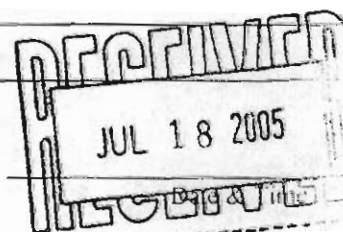
P:

Referred to Leann

Leviagano

E:

Provider Signature & Title





FORM #585

MEDICAL GRIEVANCE

FACILITY: OCC SMYRNA  
INMATE'S NAME: JULIAN MILLER  
HOUSING UNIT: D-East F-16

DATE SUBMITTED: \_\_\_\_\_  
SBI#: 393626  
CASE #: 17709

SECTION #1

DATE &amp; TIME OF MEDICAL INCIDENT: \_\_\_\_\_

## TYPE OF MEDICAL PROBLEM:

IN November 2004 the BGO BOARD recommended that I immediately be seen by an outside foot specialist and on January 3, 2005, the BUREAU Chief (Paul Howard) concurred with the BGO. It is now 8 months later (19 months in total) that I have been in pain and have requested to see a podiatrist but have not seen one yet. This issue has not been addressed according to Grievance #6816 and as long as I'm having pain they will keep coming!!!

GRIEVANT'S SIGNATURE:

Julian Miller

DATE:

9-10-05

ACTION REQUESTED BY GRIEVANT:

I would like to be examined by a podiatrist to see what course of action I need to take to rid me of this pain and suffering. It feels as if I have a permanent handicap.

DATE RECEIVED BY MEDICAL UNIT: \_\_\_\_\_

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

RECEIVED

SEP 16 2005

Inmate Grievance Office

## Instructions for Submitting a Regular Grievance

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- ☐ **Non-Grievable.** This issue has been defined as non-grievable in accordance with DOC Policy 4.4. These procedures have their own appeal process that must be followed.
- ☐ **Disciplinary Action**      ☐ **Parole Decision**      ☐ **Classification Action**
- ☐ **Request.** Requests are not processed through the grievance procedure. Please correspond with the appropriate Office to secure the information that is requested.
- ☒ **Duplicate Grievance(s).** This issue has been addressed previously in Grievance # 10799.
- ☐ **Original Grievances must be submitted to the Inmate Grievance Chairperson.** Photocopies are not accepted.
- ☐ **Inquiry on behalf of other inmates.** Inmates cannot submit grievances for other inmates.
- ☐ **Expired Filing period.** Grievance exceeds seven (7) days from date of occurrence.

*As was explained to you - you are on the list - as soon as Cms and the podiatrist agree on a contract, you will be seen*

  
Inmate Grievance Chairperson

SEP 21 2005

Date

*This was the SAME ANSWER they gave to ME IN July 2005 AT A GRIEVANCE BOARD.*



**DELAWARE DEPARTMENT OF CORRECTIONS  
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES  
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Julian Miller

Name (Print)

D-East F-16

Housing Location

4-12-61

Date of Birth

393626

SBI Number

10-10-05

Date Submitted

Complaint (What type of problem are you having)?

I AM HAVING SHARP PAINS IN MY FEET PLUS THEY ARE SWELLING ALONG WITH MY LOWER LEGS. I HAVE PUT IN 5 SICK-CALL SLIPS IN THE PAST TWO MONTHS ABOUT THIS SAME THING AND HAVEN'T BEEN SEEN YET ABOUT IT

Julian Miller

Inmate Signature

10-10-05

Date

The below area is for medical use only. Please do not write any further.

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Scheduled

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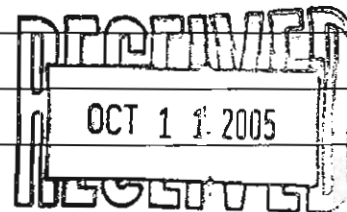
B/P: \_\_\_\_\_

WT: \_\_\_\_\_

A:

P:

E:



Provider Signature & Title

Date & Time



IM Julian A. Miller  
SBI# 393626 UNIT D-E F-16  
DELAWARE CORRECTIONAL CENTER  
1181 PADDOCK ROAD  
SMYRNA, DELAWARE 19977

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